



**Joint Commission on Health Care  
Executive Subcommittee Meeting  
November 4, 2020**

### **Potential Studies Proposed by JCHC Members**

JCHC Members or key stakeholders identified the following study topics as potential priorities in 2021. The Chair and the Executive Director grouped them into 'tiers' based on Member interest and the ability of the JCHC to add value to the policy area. This is a starting point for the Executive Subcommittee to consider, discuss, and modify.

#### **Tier 1 Topics**

##### **Long-Term Care Workforce**

What strategies can Virginia employ to enhance the long-term care workforce, with the goals of improving the quality of care available to seniors and the number of seniors who are able to 'age-in-place' in the community?

**Primary strategic objectives:** Quality and Equity

**Potential analysis questions:**

- Why is there a long-term care staffing shortage in Virginia?
- What is the impact of the long-term care staffing shortage on the quality of care?
- Do these impacts disproportionately affect certain populations based on race, socioeconomic status, and geography?
- What strategies can Virginia implement to move towards appropriate staffing levels that enable quality care?
- What strategies could Virginia consider to maximize seniors' ability to age in place, in the community?

### **Affordability in the Individual Market**

What strategies can Virginia employ to reduce the cost of insurance in the individual market, including how prescription drug prices are impacting costs?

**Primary strategic objectives:** Affordability, Accessibility, and Equity

**Potential analysis questions:**

- What is the profile of Virginians who purchase insurance in the individual market, or are uninsured because they cannot afford an individual market plan?
- How is the rising cost of prescription drugs affecting premiums and out of pocket spending for consumers in the individual market?
- Does the cost of insurance in the individual market disproportionately impact certain populations based on race, socioeconomic status, and geography?
- What strategies could Virginia consider to improve affordability for those in the individual market and the uninsured?
- What are the implications of each strategy on:
  - Consumers
  - State spending
  - Insurance companies
  - Providers (hospitals, physicians, and others)

### **Tier 2 Topics**

#### **Reducing Unnecessary Emergency Department (ED) Utilization**

How can Virginia incentivize the use of appropriate, lower intensity services in cases where individuals seek treatment in the emergency room even if it is not necessary?

**Primary strategic objectives:** Affordability and Accessibility

**Potential analysis questions:**

- To what extent are emergency departments being overused in Virginia?
- What strategies could Virginia pursue to ensure consumers have access to more appropriate, cost-effective settings for care (such as primary care or urgent care)?
- What strategies could Virginia pursue to encourage consumers to seek treatment in more appropriate, cost-effective settings?

#### **Reducing health disparities in maternal and child health**

How can Virginia ensure equitable access to quality maternal and child healthcare services to improve the quality of health outcomes for disadvantaged mothers and children?

**Primary strategic objectives:** Equity, Accessibility, Quality, and Affordability

**Potential analysis questions:**

- How do affordability, accessibility, and quality of care for women and children in Virginia vary by race, socioeconomic status, and geography?
- What are the long-term impacts on individuals and the state of disparities in maternal and child health?
- What strategies can Virginia pursue to eliminate maternal and child health disparities?

### **Strategies to improve the behavioral health workforce**

What strategies could Virginia pursue to ensure there are enough behavioral health clinicians available to meet the needs of Virginians?

**Primary strategic objectives:** Accessibility and Equity

**Potential analysis questions:**

- In what disciplines and regions are the largest behavioral health workforce shortages, and what is the impact on consumers?
- Why are there workforce shortages in these disciplines and regions?
- Are these shortages disproportionately impacting certain populations based on race, socioeconomic status, and geography?
- What strategies can Virginia implement to increase the behavioral health workforce where it is most needed?

### **Long-term impacts of COVID-19 on child development and behavioral health**

How will the social, economic, and educational changes during the COVID-19 pandemic impact the long-term development and behavioral health of children?

**Primary strategic objectives:** Quality and Equity

**Potential analysis questions:**

- Has there been an increase in the demand for children's behavioral health services during the pandemic?
- What services are children unable to receive during the pandemic that are critical to their long-term development and behavioral health?
- What does the research literature find about the long-term impacts of prolonged social isolation on childhood mental health and development?
- How do new technologies that keep people connected affect or offset social isolation?
- What does the research literature say about the impact of virtual education and prolonged use of devices and technology on long-term childhood mental health and development?

### **Strategies to monitor and control statewide healthcare spending**

Are there effective strategies that Virginia could implement to monitor and control statewide healthcare spending?

**Primary strategic objectives:** Affordability and Accessibility

**Potential analysis questions:**

- What strategies do other states implement to manage healthcare spending at the statewide level?
- Is there evidence that these strategies are successful at managing healthcare spending?
- How could Virginia implement similar strategies that have been successful in other states?

**Impact of Medicaid behavioral health carve-in on providers and members**

How has the narrowing of behavioral health provider networks by Medicaid MCOs in Virginia impacted providers and members?

**Primary strategic objectives:** Accessibility and Equity

**Potential analysis questions:**

- Do MCOs still have a sufficient number of community-based behavioral health providers to provide necessary services to Medicaid recipients?
- How many Medicaid members had to switch providers, and were they able to receive services from a different provider in a timely manner?
- How did the Medicaid behavioral health carve-in impact disadvantaged populations?